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The Frequency of Illegal Abortion

RELIABLE STATISTICS ARE necessarily hard to come by, but responsible observers have estimated that there may be between 50,000 and 100,000 abortions illegally procured in Great Britain every year. For example, Mr Aleck Bourne¹ has recently accepted a figure of about 50,000, while in the last Galton Lecture Mrs Margaret Pyke² puts it at allegedly 300 a day, which is 109,500 in a year. An earlier survey by the Inter-Departmental Committee on Abortion³ in 1939 suggested that there were between 110,000 and 150,000 abortions a year with 40 per cent of them criminal, but Dr Glanville Williams⁴ thinks this an underestimate and quotes Professor D. V. Glass⁵ to the effect that "it seems not at all improbable that there are each year about 100,000 illegal abortions in England and Wales". The American Public Health Service is recently reported⁶ as estimating that there may be up to 1,500,000 abortions induced in the U.S.A. each year.

A Serious Problem

Criminal abortion is certainly a serious medical and social problem, but these estimates of its extent seem to be little more than guesses, and it is important to discover whether they are likely to be any where near to the truth. Since probably only a very few of those responsible for procuring abortions are ever brought to trial the figure of about fifty convicted each year is not really informative, but there is one statistic which should be objective and relevant, in the number of maternal deaths recorded as resulting from procured abortion. The unexpected death of a healthy young woman cannot be hushed up, and even if it is not the subject of a Coroner's inquest it must always be investigated by some competent medical practitioner who cannot fail to notice if it is the result of an

abortion, and who should record this as the cause of death on the death certificate.

In addition to the Registrar General's *Quarterly Returns* giving the causes shown for all deaths registered, the Ministry of Health makes a more detailed analysis of deaths caused by or associated with pregnancy and childbirth, and the results have been published in three *Reports on Confidential Enquiries into Maternal Deaths in England and Wales*⁷ for 1952-54, 1955-57, and 1958-60. In these, to be referred to below as the *Confidential Enquiries*, deaths regarded as due directly to pregnancy or childbirth are classified under thirty-three different headings including three for abortion (with sepsis; with toxæmia without mention of sepsis; without mention of either toxæmia or sepsis), with "Procured Abortion" and "Other Abortions" shown separately. Since one death in 1958-60 following a therapeutic abortion is noted as being included under "Other Abortions" it is to be presumed that all the Procured Abortions are believed to have been illegally procured.

Table I gives some relevant figures extracted from the *Confidential Enquiries* reports, and from the Registrar General's *Quarterly Returns*. This shows that in the three years 1958-60 the *Confidential Enquiries* attributed eighty-two deaths to procured abortion and fifty-three to other abortions making 135 in all, excluding cases where abortion occurred or was therapeutically induced in the course of some other illness, which is then given as the primary cause of death. This may be compared with 172 deaths recorded by the Registrar General during the same period as due to abortion, the corresponding figures for 1955-57 being 141 and 199, while for 1952-54 they were 153 and 242 respectively. So the coverage of abortion deaths by the *Confidential Enquiries* has been progressively

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TABLE I

Statistics taken from the Registrar General's *Quarterly Returns for England and Wales*, and from the Ministry of Health's *Reports on Confidential Enquiries into Maternal Deaths in England and Wales*.

3-YEAR PERIODS	1958-60	1955-57	1952-54	1948-50	1938-40	1928-30
Live births	2,271,941	2,086,545	2,027,885	2,199,903	1,847,585	1,952,751
Still births	48,180	48,821	47,532	51,501	71,769	82,004
Maternal deaths due to pregnancy and childbirth	928	1,112	1,403	2,158	*4,768	*7,561
Deaths per 100,000 total births	40.0	52.1	67.6	95.9	248	372
Deaths due to abortion	172	199	242	* Deaths due to diseases of pregnancy and childbirth <i>excluding</i> abortion.		
Deaths associated with but not caused by pregnancy and childbirth	255	368	409			
<i>Confidential Enquiries series:</i>						
Maternal deaths investigated, due directly to pregnancy or childbirth						
(a) All Causes	742	861	1,094			
(b) Procured Abortions	82	91	108			
(c) Other Abortions	53	50	45			

increasing, and it was 78.5 per cent in the latest report or nearly the same as the 80 per cent coverage (742 out of 928) for all deaths due to pregnancy and childbirth. There has clearly been a remarkable improvement in maternal mortality rates over the past thirty years, from 372 deaths (excluding abortion deaths) per 100,000 live- and still-births in 1928-30 to 95.9 in 1948-50 and 40 in 1958-60, and this is doubtless due to improved obstetrical practice and especially to the introduction of new therapeutic agents. Some 57.5 per cent of the maternal deaths investigated in 1958-60 were judged to have been wholly unavoidable, and the patient herself was primarily responsible in about one third of the remaining cases which were associated with, though not necessarily caused by, avoidable factors.

Abortion Death Rates

It is noteworthy also that deaths attributed to procured abortion are similarly declining, and they are indeed now remarkably few, if criminal abortionists are anything like so active as they are generally supposed to be. In the three years 1958-60, 82 out of 135 abortion deaths covered by the *Confidential Enquiries* were attributed to procured abortion. If the proportion was the same for the Registrar General's complete figure of 172 abortion deaths, that would give a total of 104 deaths from procured abortion in the same period. This may well be an under-

estimate, if a disproportionate number of procured abortions were missed in the *Confidential Enquiries*, but even if all these missing deaths had resulted from illegal interference, and there is no evidence that they did, the total for the three years would only be increased to 141.

If there really are between 50,000 and 100,000 criminal abortions a year as suggested, on these figures the death rate for them must be somewhere between 35 and 94 per 100,000, and this should be compared with the mortality among women whose pregnancies are not improperly terminated. In 1958-60 there were 928 deaths classed as due to pregnancy or childbirth, taking no account of a further 255 deaths associated with but not directly caused by this condition, and there were 2,320,121 births, including stillbirths. Deaths due to abortion, whether procured or otherwise, should be subtracted from the total since abortions are not included with the total births, and this leaves 756 deaths, giving a maternal mortality rate of 32.6 per 100,000 births, including twin births. It would appear from this that a woman who resorts to illegal abortion risks at most three times the chances of death in allowing her baby to be born in the normal course of events, and if the higher figure of 100,000 criminal abortions a year is accepted the risks are considerably less than double those of normal childbirth which, as is generally agreed, are now very satisfactorily low and approaching the medically irreducible

minimum. On this assessment, the mean risk of death in criminal abortion over England and Wales as a whole in 1958-60 would have been little if at all higher than that from normal childbirth in the two highest of the fifteen Hospital Regions, with rates above 50 per 100,000, and it would probably have been lower than the mean maternal mortality rate of 67·6 ten years previously, in 1952-54.

A Paradoxical Conclusion

This is such a paradoxical conclusion that the assumptions upon which it is based ought to be re-examined. First of all, it does not seem likely that the Registrar General's figures for the total of deaths due to abortion should be seriously wrong. These are based upon death certificates, and although a woman's own doctor might very properly give her the benefit of any possible doubt where illegally procured abortion is suspected, he is unlikely to want to certify a death following an abortion as due to some other cause, and the Registrar General's Returns do not distinguish between procured and spontaneous abortions. The *Confidential Enquiries* do attempt to make this distinction, and the possibility of error here must be considered. Since they miss about 20 per cent of all maternal deaths, it could be that there was some reluctance to facilitate the further independent investigation of deaths suspected as having resulted from criminal interference but not reported as such. However, if the Registrar General's figures for total abortion deaths are accepted, there are only about a dozen cases a year involved, and the possibility that these might have to be added to the deaths from procured abortion has already been taken into account in calculating the maximum estimated death rate.

It seems less likely that there should be any serious deficiencies in the diagnoses of procured abortion in cases that are covered by the *Confidential Enquiries*. These are all reviewed by independent medical assessors, whose conclusions are confidential and have no legal or other consequences to the patients (who are dead) nor to anyone else. And as the assessors are trying to allocate responsibility for these deaths, they should surely not hesitate to place the blame on an abortionist if that were possible, rather than

on anyone else. In any event, as some 60 per cent of the abortion deaths investigated were in fact attributed to procured abortion, even if some of the others are wrongly classified as spontaneous the numbers involved will hardly be enough seriously to affect the argument.

Back-street Abortionists

It is of course not impossible that the death rate in criminal abortion really may be as low as it appears to be. Procuring an abortion is not a difficult operation, nor is it dangerous when skilfully done under proper conditions. But it is certainly believed that a woman who goes to a "back-street" abortionist is running very real risks, and this indeed is an important argument used in favour of legalizing abortion. Some professional abortionists are no doubt both competent and highly qualified, and they have the strongest motives to take every possible care, when the death of a single patient brings ruin. But such well-qualified practitioners are bound to charge high fees, more than could be asked in legitimate private practice, which must be beyond the reach of most of the 50,000 women, or more, who are said to resort to illegal abortion every year. There are however thought to be plenty of other unqualified and more or less disreputable abortionists available, whose charges will be more reasonable, with correspondingly greater risks, and Glanville Williams⁴ quotes a consultant gynaecologist as estimating that 90 per cent of illegal abortions "are suffered by women who are prepared to risk their lives and health in back-street surgery". The old woman prodding around with a knitting needle is perhaps now out of business, but even if some of these unqualified practitioners are quite competent they are bound to lack facilities for dealing with emergencies, and they cannot find it easy to call upon orthodox medical assistance as soon as it is needed. One might have expected that the activities of such people, if they were at all numerous, would have raised the death rate in criminal abortion by quite a lot, but that does not appear to have happened.

An Explanation of the Paradox

The most likely explanation of this paradox is

surely that the estimate, or rather the guess, of 50,000–100,000 abortions a year, upon which these death rates are based, has been grossly exaggerated. If the true figure was 10,000, a small fraction of the lowest current estimate, then the death rate in criminal abortion would be raised to between 350 and, at the most, 470 per 100,000 in 1958–60. This is about the same as that for normal childbirth in 1928–30, at a time when many obstetricians still in practice must already have started on their professional careers. This figure of 10,000 is only a guess and it is probably too low, but it may perhaps be no further from the truth than others five or ten times higher that are now widely accepted.

Summary

It is widely believed that there may be between 50,000 and 100,000 illegally procured abortions in Great Britain every year, and that the women who resort to “back-street” abortionists are running considerable risks to life and health.

However, the number of deaths attributed to procured abortion in the Ministry of Health’s *Reports on Confidential Enquiries into Maternal*

Deaths in England and Wales shows that, if illegal abortion is as common as it is supposed to be, the risks to life involved cannot be much more than in normal childbirth, in which the maternal mortality rate is now regarded as very satisfactorily low.

It would therefore seem either that the professional competence of criminal abortionists has been very seriously underrated or else, and surely more probably, that their numbers have been much exaggerated.

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